

Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

| 1. | Name of Facility Henderson Power |
|----|---|
| 2. | Facility Address 1140 Harrest Grove Trail Dover, DE 19901 |
| | Is the facility located within the PJM control area? Yes If No, does the Facility have import capabilities¹? I Yes No |
| 3. | Name of Owner Shirley Henderson Mailing Address 1140 Harvest Crove Trail Dover, DE 19901 |
| | Phone 30 2 - 734-8889 Fax |
| | Email Quadir 007@aim. Com |
| 4. | Name of Operator Shirley Henderson Mailing Address 1140 Hornest Grove Trail Dover, DE 19901 |
| | Phone 30> - 234 -8889 Fax |
| | Email Quad roo Qain, com |

 $^{^{\}mathrm{l}}$ Documentation will be required to substantiate import capabilities into PJM

| Э. | Name of Contact Person | | | | |
|--|--|--|--|--|--|
| | Shirley Henderson | | | | |
| | Mailing Address | | | | |
| | 1140 Horrest Grove Trail Dover, DE 19901 | | | | |
| | | | | | |
| | Phone 302 - 734 - 8889 Fax | | | | |
| | Email Quadir 007@ain.com | | | | |
| 6. | Name of REC/SREC Owner Shirley Henderson Mailing Address | | | | |
| | 1140 Harrest Grove Trail Dover, DE 19901 | | | | |
| | 11 10 HOURST DIOVE HALL DIVET, DE 19901 | | | | |
| | | | | | |
| | Phone 302 - 734 - 7889 Fax | | | | |
| | | | | | |
| | Email Quadir 207@ain. com | | | | |
| 7. | . List all PJM-EIS GATS State Certification Numbers assigned to this facility: | | | | |
| | | | | | |
| | | | | | |
| 3. | Operational Characteristics: | | | | |
| | Fuel Types Used (check all that apply): | | | | |
| | ☐ Gas combustion from the anaerobic digestion of organic material | | | | |
| | ☐ Geothermal | | | | |
| ☐ Ocean, wave or tidal actions, currents, or thermal differences | | | | | |
| | ☐ Qualified Biomass ⁱ | | | | |
| | ☐ Qualified Fuel Cells ⁱⁱ | | | | |
| | ☐ Qualified Hydroelectric ⁱⁱⁱ | | | | |
| | ☐ Qualified Methane Gas captured from a landfill gas recovery system ^{iv} | | | | |

| ⊠ Solar | | | | | |
|--|--|--|--|--|--|
| ☐ Wind | | | | | |
| If co-firing, provide the formula on file with PJM Environmental Information | | | | | |
| Services, Inc. (PJM-EIS) | | | | | |
| Rated Capacity (in megawatts - DC). | | | | | |
| If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated. | | | | | |
| Facility Final Approved Interconnection Date 4-24-15 | | | | | |
| If co-firing with fossil fuels, co-fire start date | | | | | |
| If co-firing with fossil fuels, attach the allocation formula on file with PJM. | | | | | |
| Is the Applicant's facility customer-sited generation ? ▼Yes □ No | | | | | |
| Is the Applicant's facility a community owned generating facility ^{vi} ? ☐ Yes No | | | | | |
| Can the output from the customer-sited generation be appropriately metered? Yes No | | | | | |

9.

| | manufactured in D | -cidival C. |
|--|--|---|
| ☐ Yes* | X No | |
| Company Name | of Installer | Signature of Company Representative |
| Address | | Print Name of Company Representative |
| Address | | - |
| A copy of the s facility identifie If the s the cor used/ii If using | ed upplier's invoice shov mpany's matching PO nstalled, must also be ga master invoice, a r | wing Delaware manufactured equipment with this ws only a coded Purchase Order (PO) number, a copy of that includes the address where the materials were |
| used .1. If the Applicar | nt's installation is s | solar or wind sited in Delaware: |
| | Facility physically confirmed for the facility physically confirmed for the facility and facility for the fa | constructed or installed with a workforce that aware residents? |
| | installing compan | y employ, in total, a minimum of 75% workers |
| | Delaware resident | |
| | | |
| who are I | Delaware resident | |

^{*}If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.

I, Kay Radriguez (print name) hereby certify under penalty of perjury that

- 1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
- 2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
- 3. I/my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
- 4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
- 5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

| Signature: May Rodinguen | |
|--------------------------|--|
| Date: 10-21-15 | |